

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>8/20/05</u>		2 Serial/Patent # <u>10/530516</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
Overpayment		Credit Deposit A/C #:									
Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>6</td><td>--</td><td>0</td><td>9</td><td>1</td><td>6</td> </tr> </table>			0	6	--	0	9	1	6
0	6	--	0	9	1	6					
No Fee Due (Explanation):											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: _____		TITLE: _____									
SIGNATURE: _____		PHONE: _____									
OFFICE: _____											
<div style="display: flex; justify-content: space-between;"> <div> <p>*****</p> <p>THIS SPACE RESERVED FOR FINANCE USE ONLY:</p> <p>APPROVED: _____</p> </div> <div> <p>*****</p> <p>FC: 9204</p> <p>DATE: _____</p> </div> <div> <p>Repl. Fee: \$100.00 DRA: 060916 Name/Number: 10530516 0019220400 \$100.00 CR</p> </div> </div>											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: